

**HARTFORD SCHOOL
AFTER SCHOOL CLUB PERMISSION FORM**



NAME OF CLUB: _____

ADVISOR: _____ ADVISOR EMAIL: _____

PLEASE PRINT!

CHILD'S FULL NAME: _____

HOMEROOM TEACHER: _____

STREET ADDRESS: _____

CURRENT MEDICAL/HEALTH CONCERNS: _____

PARENT CELL#: _____ ALTERNATE PHONE#: _____

PARENT EMAIL ADDRESS: _____

DISMISSAL PLAN: (Please Circle): EDC RIDE BUS PICK-UP

PICK-UP BY : _____
(Name)

I give permission for my child to participate in the above-named club and have read all the information pertaining to this and all Hartford School Clubs.

PARENT/GUARDIAN SIGNATURE: _____

PRINT NAME: _____